

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2008

1. PLACE OF DEATH

County Livingston, Registration District No. 174
Township Monroe, Primary Registration District No. Monroe
City (No. 5683) St. _____ Ward _____

File No. 137
Registered No. 2

2. FULL NAME Marthe Susan Shields,

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female,	4. COLOR OR RACE White,	5. _____ WIDOWED OR DIVORCED (write the word) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Shields,		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April -23rd. -1840		
7. AGE YEARS 90	MONTHS 8	DAYS 10
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Retired House Wife,**
(b) General nature of industry, business, or establishment in which employed (or employer) **Retired,**
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **Kentucky,**
(STATE OR COUNTRY) **2**

PARENTS

10. NAME OF FATHER **Hiram Duley,**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Kentucky,**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Sophia Northcutt,**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Kentucky.**
(STATE OR COUNTRY)

14. INFORMANT **S. F. Shields**
(Address) **Ludlow, Mo. - R.F.D.**

15. FILED **Jan 5 - 1921** **Geo. Morse** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 3 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 1** 1930 to **Jan 3** 1931 that I last saw her alive on **Jan 3** 1931, and that death occurred, on the date stated above at _____ m.

THE CAUSE OR DEATH* WAS AS FOLLOWS:

Sarcitis
16 2
Samuel (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Heart** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? **at place of death**
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **None**
(Signed) **Geo. Morse** M. D.
1/5 1931 (Address) **Ludlow Mo**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Monroe Cemetery** DATE OF BURIAL **Jan 5 1931**

20. UNDERTAKER **E. P. Michael, Braymo, Mo.** ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 20 1931

